

Zoning Permit Application

Trimble County Planning & Zoning Commission

123 Church Street

PO Box 251

Bedford, Kentucky 40006

Telephone: (502) 255-7196 Fax: (502) 255-4618

Please type or print (blue or black ink)

Application Date: _____

Instructions

Applicant is person(s) requesting Zoning Permit.

If Applicant is different than the Property Owner, provide the Property Owner's name, address, telephone, and email address

Applicant Information

Additional pages attached

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Instructions

Street address of property zoning map amendment is being requested for.

If an actual street address is not available, identify the property's location along the roadway and distance to intersecting public roadways on each side of the property.

Check appropriate jurisdiction where the property is located.

Select the property's current zoning classification.

Property Information

Property Address: _____

Lot#/Subdivision Name (if applicable): _____

Property Location:

The subject property is located:

Jurisdiction: City of Bedford Trimble County

Existing Zoning:

A-1 A-2

R-1 R-2 R-3

B-1 B-2 B-3

I-1 I-2

Instructions	Building Type Information										
Check the type of building being built.	<input type="checkbox"/> Garage <input type="checkbox"/> Single Family Dwelling # of Bedrooms _____ <input type="checkbox"/> Two Family Structure # of Bedrooms _____ <input type="checkbox"/> Type I Manufactured Home YR _____ <input type="checkbox"/> Type II Manufactured Home YR _____ <input type="checkbox"/> Type III Manufactured Home YR _____ <input type="checkbox"/> Addition to Principle Buildings Only Type _____ <input type="checkbox"/> Other: _____										
Instructions	Building Type Information										
Building Information	<input type="checkbox"/> Project cost is less than \$500 Size (longest dimension): Length: _____ Width: _____ Does this building include an attached garage? _____ Total Square Footage (excluding basement): _____										
Instructions	Lot Information										
Lot Information <i>**Setback definition: the distance between the portion of any structure nearest to any adjacent street or highway and the center of said street or highway, whether of record or established statutorily.</i>	Size (in square feet or acres): <i>Set back in distances from proposed building to property lines</i> ****Setback is measured from center of the road**** <table border="0"> <thead> <tr> <th data-bbox="506 1150 803 1182">Proposed</th> <th data-bbox="987 1150 1274 1182">Required</th> </tr> </thead> <tbody> <tr> <td data-bbox="506 1199 803 1230">Front _____</td> <td data-bbox="987 1199 1274 1230">Front _____</td> </tr> <tr> <td data-bbox="506 1247 803 1278">Left _____</td> <td data-bbox="987 1247 1274 1278">Left _____</td> </tr> <tr> <td data-bbox="506 1295 803 1327">Right _____</td> <td data-bbox="987 1295 1274 1327">Right _____</td> </tr> <tr> <td data-bbox="506 1344 803 1375">Rear _____</td> <td data-bbox="987 1344 1274 1375">Rear _____</td> </tr> </tbody> </table>	Proposed	Required	Front _____	Front _____	Left _____	Left _____	Right _____	Right _____	Rear _____	Rear _____
Proposed	Required										
Front _____	Front _____										
Left _____	Left _____										
Right _____	Right _____										
Rear _____	Rear _____										
Drawing—Plot Plan											
PLOT PLAN Draw a PLOT PLAN showing the shape of the property, the specific location of the proposed building, and its distances to all four property lines.											

CONSTRUCTION PLANS	One copy of the CONSTRUCTION PLANS must be provided with the application, including floor plan, front, rear, and both side elevations, and typical wall cross section. These plans will NOT be returned to you.
HEALTH DEPARTMENT APPROVAL	Will this building be served by an on-site sewage disposal system such as a septic tank? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , a Certificate of Approval from the Health Department must be attached.
ROAD DEPARTMENT APPROVAL	I acknowledge that I have been advised that issuance of a zoning permit by the Planning and Zoning Office does not evidence a right for entrance or encroachment onto the adjacent public road. It is the sole responsibility of the Applicant to obtain such permits whether county, state or federal.

Applicant's Signature: _____ Date: _____

For Office Use Only

Date Application Received : _____ Received by: _____

Filing Fee Paid: \$ _____ Check# _____ Cash Other (specify): _____

Application Approved

Date: _____ By: _____

Application Denied

Date: _____ By: _____

Reason for denial:
